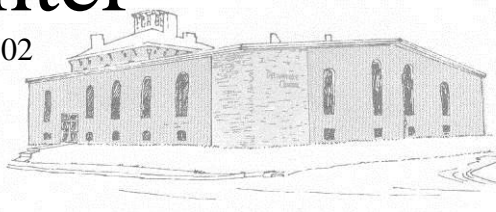




Deliverance Center

1008 Congress Street Portland, ME 04102
Email: info@deliverance.me



Application for Residence

I. Applicant

1. Name in full _____

2. Birth Date _____

3. Home Address _____

4. Last Address _____

5. Check all that apply ☐ Single ☐ Married ☐ Widower
 ☐ Separated ☐ Divorced ☐ Remarried

6. Name of spouse _____

7. Number of children _____

8. Nationality _____ 9. Race _____

10. Name and address of nearest relative _____

11. Name and address of last employer _____

_____ Relationship _____

12. Do you or have you ever had a problem with any of the following?

☐ Drugs ☐ Alcohol ☐ Tobacco ☐ Lying ☐ Stealing
☐ Sex ☐ Taking Orders ☐ Following Instructions

13. Have you ever been convicted of a crime? _____

If yes, have you been convicted of a sex-related or child abuse related crime? ____

II. Christian Experience

1. Have you ever been born-again? _____

2. Do you know what being *born-again* means? _____

3. Have you backslidden since being born-again? _____

4. Have you ever been, or are now, a member of a church? _____

If yes, fill in the following information

Church's Name _____

Church's Address _____

Church's Phone Number _____

Pastor's Name _____

5. Have you ever received the Baptism of the Holy Ghost? _____

If not, are you seeking? _____

6. Have you done any type of Christian work? If so, what? _____

III. Health

1. Rate your general health

☐ Poor

☐ Fair

☐ Good

☐ Excellent

2. Height _____ 3. Weight _____

4. Eye Color _____ 5. Hair Color _____

6. What severe illnesses or injuries have you had? _____

7. Are you or have you ever been subject to any of the following?

☐ Epilepsy

☐ Diabetes

☐ Asthma

☐ Heart Trouble

☐ Nervous Disorder

☐ Other _____

IV. Education

1. Are you a High School graduate? _____ If not, why? _____

2. Last grade completed _____

3. Name and address of High School and/or College

4. In what did you major? _____

V. Acceptance

1. If accepted as a resident, are you willing to submit cheerfully to all of the rules, schedules, policies, regulations, and procedures of the Deliverance Center? _____
2. Are you willing to obey all of those who will have authority over you? _____
3. Do you want spiritual help? _____
4. Do you want our help? _____

Signature

Date

VI. References

1. Who referred you to Deliverance Center? _____

2. Name and address of friend(s)

_____	_____
_____	_____
_____	_____

3. Name and address of other reference sources

_____	_____
_____	_____
_____	_____

Relationship _____

Relationship _____

PLEASE DO NOT WRITE IN THIS BOX- FOR STAFF USE

Date accepted _____

Date left _____

Form of Identification _____

Interviewed by _____

Remarks _____

